

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P94000089068

**FILED**  
**May 14, 2013**  
**Secretary of State**

**Entity Name:** CABINET DESIGN COMPANY, INC.

**Current Principal Place of Business:**

11551 PYRAMID DR  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

11551 PYRAMID DR  
ODESSA, FL 33556 US

**New Mailing Address:**

**FEI Number:** 59-3297276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORECKI, ZBIGNIEW  
11551 PYRAMID DRIVE  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

GORECKI, ZBIGNIEW M  
11551 PYRAMID DRIVE  
ODESSA, FL 33556 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GORECKI

05/14/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GORECKI, ZBIGNIEW M  
Address: 11551 PYRAMID DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: VP  
Name: GORECKI, URSZULA M  
Address: 11551 PYRAMID DR  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GORECKI

P

05/14/2013

Electronic Signature of Signing Officer or Director

Date